

**DEPARTMENT OF LOCAL GOVERNMENT FINANCE
LOCAL GOVERNMENT TAX CONTROL BOARD
HEARING INFORMATION SHEET**

**Public Works Projects
I.C. 36-9-41**

UNIT NAME _____	COUNTY _____
POPULATION _____	POPULATION _____
AMOUNT _____	TERM (YEARS) _____

Complete all sections of this Information Sheet to expedite review of your request. Incomplete submissions will be returned. Returned forms will require the unit to again petition the Department of Local Government Finance for determination.

1. Is a common construction wage applicable to this project? (Check one) ☐ **Yes** ☐ **No**

If **No**, explain: _____

2. Is a tax rate anticipated to repay the debt? (Check one) ☐ **Yes** ☐ **No**

If **No**, explain: _____

3. What is the estimated tax rate impact based on the maximum annual debt payment? (Complete the following. If this is a property tax back, please calculate the rate that would be needed if a debt service fund were to be created.)

a) First Year of Repayment Requiring Rate:	20____ Pay ____
b) Estimated Assessed Value	_____
c) Maximum Annual Payment	_____
d) Less Estimated Excise Tax	_____
e) Less Estimated Financial Institutions Tax	_____
f) Estimated Levy (c-d-e)	_____
g) Estimated Tax Rate (f ÷ b/100)	_____

Rate Impact Data (List All Funds)

Fund	DLGF Current Year Approved Tax Rates 20__	Anticipated Rates First Year of Repayment 20__	Anticipated Rates Maximum Year of Repayment 20__
General			
Debt Service			
TOTAL			

4. If no tax rate impact is anticipated due to an increase in assessed valuation and/or debt retirement provide a schedule indicating the unit's estimates for the term of the loan.

5. Were the terms of financing openly discussed at public meetings? (Check one) ☐ Yes ☐ No
 Date(s) of public meetings _____

6. Community Involvement – what did the unit do to educate its taxpayers about this project? (i.e. pamphlets, videos, charts, etc.) _____

7. Will this issue in any way result in an appeal to increase the levy limitations under IC 6-1.1-18.5-12?
 (Check one) ☐ Yes ☐ No
 If Yes, please explain: _____

8. List and describe the age, condition, use, limitations, or other pertinent information of any structures to be remodeled and/or expanded. (Attach a separate page, if necessary): _____

9. List and describe any structures that will be replaced, demolished, converted, or sold following completion of this project. Explain why this is necessary and wise (i.e.: age, additions, conditions, use, utility).

TOTAL PROJECT COST (ALL BUILDINGS)

COST OF CONSTRUCTION	Public Works Fund Proceeds	Local Funds	Total Cost
Construction Costs			
Architect Fees * _____ %			
Clerk of the Works			
Construction Management * _____ %			
General Conditions			
Land or Building Costs			
Soil Testing			
Loose Equipment			
Builders Risk Insurance			
Title Insurance			
Contingencies * _____ %			
Other			
SUB TOTAL CONSTRUCTION¹			

COST OF FINANCING	Public Works Fund Proceeds	Local Funds	Total Cost
Attorney Fees * _____ %			
Counsel * _____ %			
Financial Advisor * _____ %			
Legal Advertising			
Other			
Other			
Other			
Interest During Construction ** _____ Months @ _____ %			
SUB TOTAL FINANCING			
TOTAL PROJECT COST			

¹ Expressed as a percentage of total project cost.

** Net of anticipated interest from investments.

PROJECT COST OF AN INDIVIDUAL BUILDING
(Attach a separate page for each building)

BUILDING NAME: _____

BUILDING USE: _____

- a) *New construction includes any new facilities that previously did not exist.*
- b) *Additions to existing construction includes a new addition to an existing facility.*
- c) *Remodeling of an existing structure includes structures that exist and will have renovations/remodeling but NO new addition.*
- d) *If an addition is part of a remodeling project separate the square footage of the addition and the square footage of the area to be remodeled.*

New Construction: _____ square feet Cost per square foot \$ _____ (Sq. Ft. / Total Construction Costs)

Addition: _____ square feet Cost per square foot \$ _____ (Sq. Ft. / Total Construction Costs)

(square feet of original structure prior to addition = _____)

Remodeling: _____ square feet Cost per square foot \$ _____ (Sq. Ft. / Total Construction Costs)

COST OF CONSTRUCTION	Public Works Fund Proceeds	Local Funds	Total Cost
Construction Costs			
Architect Fees			
Clerk of the Works			
Construction Management			
General Conditions			
Land or Building Costs			
Soil Testing			
Loose Equipment ¹			
Builders Risk Insurance			
Title Insurance			
Contingencies			
Other ²			
TOTAL CONSTRUCTION COST FOR THIS BUILDING			

1. Detail items and costs for "Loose Equipment". (Attach a separate sheet if necessary):

2. Explain "Other". (Attach a separate sheet if necessary.):

FUNDING INFORMATION

Local Funds (list separately):

FUND	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL AMOUNT:	\$

1. Are all Local Funds on hand? (Check one) ☐ Yes ☐ No

Grants or other sources (list separately):

GRANT	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL AMOUNT:	\$

2. Have all grants or other sources of funding been approved and on hand? (Check one) ☐ Yes ☐ No
3. If property tax backup is requested, from what funding source(s) does the unit plan to use for repayment?

(Attach a schedule showing adequate revenues are available).

TOTAL PROJECT COST (Public Works Funds + Local Funds + Grants + Other) = \$ _____

DEBT INFORMATION

List the type and purpose of each current debt:

Loan Type (General Obligation Bond, Lease Rental, Emergency Loan, Apparatus Loan, etc)	Purpose	Annual Payment	Retirement Date	Remaining Balance

1. What is the unit's most recent certified assessed valuation? \$ _____ For Year _____
2. What is the unit's current statutory debt limitation? _____ / 3 X (.02) = \$ _____
(Most Recently Certified Assessed Valuation)
3. What is the unit's current amount of indebtedness subject to the 2% debt limitation? \$ _____
4. Current Debt Capacity (Line 2 – Line 3) = \$ _____

Proposed Debt Service Payments for this Project

Type	Term (yrs.)	Int. Rate ¹	First Full Year (First Year of Debt Service Rate)		Maximum Payment (Maximum Payment Year)	
			20__		20__	
			20__		20__	

¹ Maximum interest rate may not exceed 8% without prior approval from the Department of Local Government Finance

Publications and Notices

(All Proofs of Publication must accompany this document)

1. Date of Notice for Preliminary Determination Hearing: _____
2. Date of Preliminary Determination Hearing: _____
3. Date of Publication of Preliminary Determination: _____
4. Date of governing body's resolution appropriating Public Works Funds _____
5. The elected/governing body consists of _____ members. Their resolution/ordinance to adopt the proposed project passed by the following vote: _____ Aye _____ Nay _____ Abstain _____ Absent
6. Has the project been bid? _____ Yes _____ No
7. Date construction is expected to start _____

LISTING OF PROFESSIONALS INVOLVED IN THIS PROJECT

(The Department of Local Government Finance Order will only be provided to those persons indicated below)

Attorney

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Counsel

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Financial Advisor

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Architect

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Unit Fiscal Officer

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order - Original		

Other

Name		
Address		
Phone Number		
Fax Number		
Date of Written Contract		
Is Fee Percentage Based	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Copy of DLGF Order	<input type="checkbox"/> Yes	<input type="checkbox"/> No

COMMON CONSTRUCTION WAGE

(TO BE COMPLETED IF A PUBLIC WORKS PROJECT AND TOTAL COSTS EXCEED \$150,000)

Important: A copy of the minutes of the wage scale meeting and adoption must accompany this document

1. Is Wage Scale provided? (Check one) ☐ Yes ☐ No
If **No**, explain why unit is exempt from providing such documentation:
2. Did the wage committee consider the following factors:
 - a) A determination of the skilled, semiskilled and unskilled classes required under IC 5-16-7-1(c)(1) for each trade or craft classification of labor employed in the performance of the project's contract?
(Check one) ☐ Yes ☐ No
 - b) A determination of reasonably anticipated costs of providing fringe benefits commonly paid to workers on similar projects if their exclusion would depress real compensation below the level commonly set by the private sector. (Check one) ☐ Yes ☐ No

What was the date of the Common Construction Wage Committee Meeting? _____

3. Did the wage scale committee base its decision on data that was representative of the wages most commonly paid in the county where the project is located and for the types of work at issue?
(Check one) ☐ Yes ☐ No
4. If the wage scale committee did not consider the factors and information described above, provide an explanation of the reason(s) why such factors and information were not considered:
5. Did any members of the committee abstain or refuse to sign the wage determination?
(Check one) ☐ Yes ☐ No

If **Yes**, state the members name, title and reason for vote:
6. If the answer is **Yes** to question #5, all data and information compiled by the Common Construction Wage Committee must accompany this document. Those documents include (but are not limited to) the following:
 - Surveys of projects and the rates proposed.
 - Any documents from the Department of Workforce Development pertaining to this project's Common Construction Wage Scale.
 - Any information that is background information for the Common Construction Wage hearing.
 - Any other documentation compiled by the committee that is not enumerated above.

Required Documentation

The following information is required to be attached to this document. This document and supporting information must be filed with the Department of Local Government Finance on or before the "Information Due Date" as indicated below.

Indicate by a [X] documentation attached

- ☐ Required Proofs of Publication (Refer to Page 6)
- ☐ Governing Body Public Works Resolution/Ordinance
- ☐ Amortization Schedule as required
- ☐ Certificate of No Remonstrance
- ☐ Property Tax Backup Funding Schedule of Available Revenue. if applicable
- ☐ Minutes of the Common Construction Wage scale meeting and adoption, if applicable
- ☐ Detailed project description, if applicable.
- ☐ Six (6) copies of Hearing Information Sheet and above supporting documentation
- ☐ Newspaper articles pertaining to the project, if available

Notice

To obtain a debt service rate for the ensuing budget year, the unit must comply with the provisions of IC 6-1.1-17-3 for the ensuing year budget. In addition, on or before December 31 of the current year, the unit must execute the debt and file with the Department of Local Government Finance a final amortization schedule.

Certification

I certify to the best of my knowledge and belief that the above is a full, true and complete disclosure for the proposed project(s) to be presented to the Local Government Tax Control Board and Department of Local Government Finance.

Dated this _____ day of _____, 20_____.

Signature

Title

2005 Local Government Tax Control Board Meeting Dates

The Local Government Tax Control Board meetings are open to the public.

PLEASE NOTE: Following below is the 2005 schedule for this Board to follow. Issues coming before the Local Government Tax Control Board MUST comply with the adopted schedule. All meetings will be held in the Indiana Government Center South and will start at 9:00 AM.

NOTE: NO MEETING IS SCHEDULED FOR JANUARY 2005.

Petitions Due	Information Due	Meeting Date	Location
January 24, 2005	February 7, 2005	February 24, 2005	IGCS Conference Room 2
February 21, 2005	March 7, 2005	March 24, 2005	IGCS Conference Room 2
March 28, 2005	April 11, 2005	April 28, 2005	IGCS Conference Room 2
April 25, 2005	May 9, 2005	May 26, 2005	IGCS Conference Room 2
May 23, 2005	June 6, 2005	June 23, 2005	IGCS Conference Room 2
June 27, 2005	July 11, 2005	July 28, 2005	IGCS Conference Room 2
July 25, 2005	August 8, 2005	August 25, 2005	IGCS Conference Room 4
August 22, 2005	September 6, 2005	September 22, 2005	IGCS Conference Room 4
Reserved for Appeals		October 13, 2005	IGCS Conference Room 4
September 26, 2005	October 11, 2005	October 27, 2005	IGCS Conference Room 4
Reserved for Appeals		November 10, 2005	IGCS Conference Room 4
October. 24, 2005	November 7, 2005	November 22, 2005	IGCS Conference Room 4
November 7, 2005	November 21, 2005	December 6, 2005	IGCS Conference Room 4

There will be no Local Government Tax Control Board meeting in January 2006.